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ON THE INFLUENCE OF EMPLOYMENTS UPON HEALTH.

[DR. WILLIAM A. GUY, of London, Physician to King's College Hospital, has published in the *Lancet* the results of some important researches into the comparative health and longevity of the different classes of society. The first portion of his articles is composed mostly of tables, which cannot conveniently be copied. The principal results are summarily contained in the remarks which we give below. The exact estimate of the average length of life in the three classes mentioned, according to the tables is as follows: among the gentry and professional men, all who die above 15 years of age, 59; tradesmen, 49; the laboring class, 48.]

I have now contrasted the three principal divisions of society, and those classes of employment which are marked by the strongest distinction, with a view to ascertain the influence of condition and employment upon health, and I have arrived at the following results:—1. The gentry live much longer, and are much less liable to consumption, than either the tradesmen or the laboring class. 2. The tradesmen live a little longer, and are somewhat less liable to consumption, than the entire laboring class, but tradesmen who die of consumption, die somewhat earlier than the average of the laboring class, occupying in this respect an intermediate position between those who work in-doors and those who work out of doors, and between those who use little and those who use much exertion in their employment. 3. Men who work in-doors are shorter lived than those who work out of doors; they are also more liable to consumption, and fall victims to that disease at an earlier age. 4. Men who use little exertion in their employment are shorter lived, more liable to consumption, and die of that disease at an earlier age, than men who use more exertion.

In-door occupations, then, and especially the more sedentary ones, are unfavorable to health and life, and extremely favorable to pulmonary consumption. This being admitted, the important question arises—Are such employments necessarily injurious, or are they so made by adventitious circumstances? Do sedentary employments, provided they are carried on in airy and wholesome places, tend to induce disease and shorten life? We have no means of answering this question, for the simple reason, that all sedentary employments among the laboring class, almost without exception, are carried on in ill-ventilated and unwholesome apartments. It is true, that among the better classes, sedentary employments do not appear to exert a very injurious influence upon health; and this is a strong

argument against the assumed unhealthiness of such occupations, provided they were carried on under favorable circumstances. But the facts illustrative of the effect of sedentary occupations upon the better classes, are not so precise as to produce entire conviction of their healthiness. It is at least probable, that want of proper exercise, even though all other influences to which a man is exposed were wholesome, would have an injurious effect upon health, especially when carried to such an extreme as, unhappily, it is and must be, in so large a proportion of the laboring class.

But though the unfavorable circumstances in which the poor who work in-doors are placed, render it impossible to decide the question of the effect of sedentary employments apart from the impure air which they are constrained to breathe, there is abundant evidence to show that the sedentary employments suffer most from this latter cause. The tables which contrast the employments carried on within doors with different degrees of exertion, place this fact beyond a doubt, and the comparisons which I am now about to institute lend the strongest confirmation to it.

The compositor and the pressman work in rooms similarly heated and lighted, and to a like degree unventilated. Oftentimes they work side by side in different parts of the same apartment, and they differ from each other only in the amount of exertion which they use. It is difficult to find any comparison more exact in all particulars, except in that which is the object of inquiry, than that afforded by these two classes. They differ mainly in the amount of exertion which they are obliged to use. It has already been stated that the ratio of consumptive cases is higher, and the age at which the disease occurs, lower, in the case of the compositor. This shows the unhealthiness of his employment. The same fact appears in a still more striking point of view if we compare the existing ages of compositors and pressmen beginning their employment at the same age. This comparison is made in a table contained in my evidence recently given before the health-commission. One hundred and ninety-seven compositors who began their employment at 14, 15, and 16 years of age respectively, are compared with 45 pressmen beginning their employment at the same ages, and it results from this comparison, that while the mean age of the compositor is 28 years, that of the pressman is 34, a difference of six years. When the same comparison is made for the several ages separately, a similar result occurs, the pressmen having over the compositors the advantage of from three to ten years. It would appear, then, that men who work in close and ill-ventilated rooms suffer in their health in an inverse ratio to the amount of exertion which they use; in other words, that strong exercise tends to render impure air less injurious to the system.

A curious fact, already alluded to, is brought out by this comparison between the compositor and pressman—viz., that though the pressman enjoys a higher average of existence, the compositor attains the greatest age. Thus, the highest age of any compositor at work was 72 years; the highest age, in the case of pressmen, was 60. This fact may be

readily accounted for in this way. Sedentary habits are fatal to the young, strong exercise to the aged; but a few of those who follow sedentary employments having the strength of constitution necessary to withstand the action of the poison which they breathe, are free from those severe labors which cannot be carried on with impunity when a man has passed the prime of life, and is beginning to grow old. Sedentary employments promote pulmonary consumption, which is fatal to youth and early manhood; hard labor leads to bronchial affections, which are fatal to old age. At all periods of life, affections of the lungs are among the most fatal, taking the form of pneumonia in the child, of phthisis in the young adult, of bronchitis in the aged. All the comparisons which have been instituted tend to show that in-door labor is more unhealthy than out-door occupations. Compare what classes we will—the hawker who stands about in the streets and markets with the shopman; the compositor, the tailor or the laborer, with those using strong exertion within doors; and the same result takes place. Those who work in-doors are more unhealthy, and attain a lower average age. Now to what is this to be attributed? Those who work in-doors are more sheltered from the weather, and, on an average, have better wages, and can, therefore, command better food, clothing and lodging, than those who labor out of doors. What, then, is the effectual difference between them? Merely this: that the one breathes a foul and heated atmosphere; the others, pure air. If this explanation be correct, it ought to happen, that those who work in-doors in the most unwholesome atmospheres, and have the least amount of air to breathe, ought to exhibit the effects of such confinement in a greater liability to the disease to which the in-door laborer has been shown to be peculiarly liable. That this actually happens will appear from the following comparisons, which were also laid before the health-commission. When the several storeys of a building communicate freely with each other, it must happen that the hottest and foulest air will ascend to the uppermost flat, and it will be found that the workmen employed there make great complaints of the heat and closeness of the air. Two printing offices constructed in this faulty manner gave me an opportunity of making some very exact comparisons. In the one, seventeen men were employed on the uppermost floor, and fifteen on the floor beneath. On making personal inquiries of all the men respecting their health, I found that of the seventeen men employed on the upper floor, three had had spitting of blood, two were subject to other affections of the lungs, and five to constant severe colds. Of these seventeen men, therefore, ten were subject to diseases affecting the air passages and lungs; but of the fifteen men employed on the lower floor, one only had a disease of this nature, and not a single one had spit blood. In the second printing office twenty men were employed in the upper room, and fifteen in the lower. Of the former, two had spit blood, and eight others were subject to other diseases, making in all, ten invalids, or half the number. On the other hand, of the fifteen men employed in the lower room, one only had spit blood, and two others complained of illness. The invalids in

the upper room, then, amounted to ten in twenty, while in the lower they were three in fifteen, or at the rate of four in twenty.

A similar and not less striking difference is shown to exist between two classes of men having different quantities of the same air to breathe. The following is an example :—Forty men were employed in five rooms, containing an aggregate of 12,121 cubic feet of air, being at the rate of 303 cubic feet of air per man. These rooms were lighted every evening by sixty gas lights. Other forty men were employed in other five rooms, containing 31,549 cubic feet of air, being at the rate of 789 cubic feet per man, and these rooms were lighted in the evening by seventy-five gas lights. All the ten rooms were heated by stoves. Assuming that the gas lights in the two sets of rooms produced each an equal degree of impurity in the air during the time they were burning, the comparison between the two sets of rooms would become more complete if the quantity of air which the rooms respectively contained were divided by the number of gas lights burning during the evening. It results from this division, that while the first set of rooms gave a quotient of 5, the second gave a quotient of 10½. So that, whether we take the quantity of air alone, or that quantity divided by the number of lights, it follows that the men occupying the first five rooms had less than half the quantity of air to breathe which the men in the five larger rooms had. In all other respects their situation was precisely similar. Now, of the forty men occupying the smaller rooms, and consequently breathing a hotter and fouler air, five had spit blood, six were subject to severe catarrh, six complained of indigestion, two of great debility, and one of rheumatism. On the other hand, of the forty men occupying the larger rooms, and having a purer and cooler air to breathe, only one was subject to catarrh, two to indigestion, one to pain in the chest, one to nervous symptoms, one to headache, and one had varicose veins. Not one of them had spit blood. Of the first forty, therefore, exactly twenty, or one half, were invalids; of the other forty, only seven complained of any illness. One more comparison of the same kind will serve to place in a very striking light the sad effects of an impure and heated atmosphere. This comparison is made in the following table, founded on data carefully collected and recorded on the spot, in printing offices, visited with a view to determine the real influence of this cause on the health, and altogether uninfluenced by preconceived notions. The per-centage proportions alone are given.

	Spitt. blood.	Catarrh.	Other diseases.	Total.
104 men, having less than 500 cubic ft. of air to breathe	12.5	12.5	17.3	42.3
115 men, having from 500 to 600 cubic feet of air to breathe	4.4	3.5	20.0	27.9
101 men, having more than 600 cubic feet of air to breathe	4.0	2.0	17.8	23.8

It is impossible to place in a more striking light than by these several comparisons, the injurious effects produced by the constant inhalation of a foul and heated atmosphere. Any one of these results might have been possibly attributed to a coincidence, but taken together they cannot fail to produce a strong conviction of the fearful waste of health and life

which is constantly taking place among our laboring poor, especially among the class employed within doors. When we reflect that the employment of the compositor is by no means the worst specimen of an in-door occupation, that the tailor's workshops enjoy, by general consent, a bad pre-eminence over these, and all other occupations; when we add to the exposure, during the entire day, to the foul atmosphere of our workshops, a night spent in a dwelling scarcely more wholesome, we can form some idea of the fearful amount of sickness and premature death among our laboring class; and it will not excite surprise, that as careful an estimate as I could form from the most accurate data in existence, places the unnecessary deaths from pulmonary consumption alone, among the poorer classes, at five thousand a year, exclusive of the immense sacrifice constantly going on in the foul shops of the metropolis and of our larger towns. For the particulars of this comparison I must refer the reader to the last quarterly journal of the Statistical Society, and to former numbers of the same journal for other information on the influence of employments and habits of life upon health.

My object in this communication is to trace the broader outlines of this subject, satisfied with having directed attention to some of the most important considerations connected with this department of the public health.

ENDOCARDITIS, COMPLICATED WITH VALVULAR DISEASE.

A Clinical Lecture by Prof. Darglison, at the Philadelphia Hospital.

THE patient, a male, entered the hospital with high fever and a jerking pulse, which is apt to exist in inflammation of the endocardium. The peculiar expression of countenance, so often observed in cardiac affections, and so marked in the case last presented to the class, is absent in this instance. He has not suffered recently from rheumatism.

It may be repeated here, that patients who have labored under acute rheumatism are peculiarly liable to various diseases of the heart. The complication of rheumatism with endocarditis, indeed, so often exists, that some have affirmed it to be present in every case of rheumatism. Although such is not the fact, it occurs so frequently that our attention in acute rheumatism should always be directed to the condition of the heart. Should it be involved, it will be indicated by a *bruit de soufflet*, or "bellows sound," which may be produced by simple hyperæmia of the lining membrane—the endocardium—but much more frequently, the Professor thinks, by a narrowing of the cardiac orifices, the consequence of an effusion of plastic lymph. The rasp, file and saw sounds are mere varieties of the bellows sound, and acknowledge a similar mechanism. The functional expressions of endocarditis are usually marked, but the diagnosis is at times very obscure, unless recourse be had to the physical signs, and even then we may have occasionally to doubt.

The Professor here introduced a diagram on the black board to exhibit the situation of the several valves of the heart, the better to elucidate

the physical signs indicative of their morbid conditions. He also made a few observations on the sounds of the heart in health. When the ear is placed over the præcordium, two distinct sounds are audible. The *first* is a slow prolonged sound—the second a sharp, short sound, not unlike the lapping of a dog or the clacking of a valve. The former is very compound in character, and its mode of production has been the subject of much disputation. It is now, however, generally admitted, that it is a combination of the sound produced by the rush of blood through the heart's cavities, the tension of the auriculo-ventricular valves, and the muscular contraction of the organ. Almost all agree, that the second sound results from the sudden fall of the semilunar valves, as their edges are caught by the reflux blood. The professor is disposed to believe, from observations on the living heart in action, as well as from morbid results, that the semilunar valves participate also in the production of the normal first sound.

Succeeding the second sound there is a short period of repose, and then a renewal of the sounds. If the whole time occupied by the sounds and pause be divided into four periods, two of them will be occupied by the first, one by the second sound, and the remaining one by the repose.

As the function of the valves is that of preventing the reflux of the blood, after it has abandoned a cavity, it can readily be comprehended, that certain morbid sounds may be produced by an insufficiency on the part of these valves, permitting the regurgitation of blood through the orifices. The site and time at which these morbid sounds are audible differ, of course, according to the valves involved.

If the insufficiency exists in the mitral valves, the sound will be perceptible over the mammary region, increasing in intensity towards the apex of the heart, and during the contraction or systole of the organ. Sometimes a double or see-saw sound is produced, if vegetations or other morbid deposits exist on the valves. The first sound of the heart will consequently be disturbed in diseases implicating the mitral valves—but it can be readily seen, that if the auriculo-ventricular opening be narrowed, an abnormous sound in the same region may also accompany the second sound.

Should the semilunar valves of the aorta be involved, the sound of regurgitation will be most distinct over the third rib—the region of the valves—and follow the course of the great vessels; and it will be synchronous with the diastole of the heart. In this case, therefore, the second sound will be deranged—still it will be here again evident, that if the calibre of the arteries be diminished, there may be an abnormous sound over the same region accompanying the first sound.

By attending, therefore, to the situation in which the abnormous sounds are most distinct, and the time of their occurrence, it may be surmised what valves are in fault. This nicety, however, of diagnosis, does not affect the treatment. In the case under consideration, from the blowing accompanying the first sound, and from its being most marked near the nipple or apex of the heart, we infer that the mitral valves are implicated.

The causes of valvular disease are various, but the professor thinks that, in the majority of cases, they are owing to chronic endocarditis. It is very common to find, in old persons, the valves and lining membrane of the aorta coated with plates of ossific or atheromatous matter, which give rise during life to various morbid sounds.

The treatment of active endocarditis consists in the employment of active antiphlogistic means. When, however, the endocarditis has become chronic, or has left only its results, activity may be out of the question. Attention should, then, be directed to the diet, and to other hygienic measures, as moderate exercise, fresh air, &c. Violent muscular efforts, and mental or moral emotions, should be avoided; but there is no objection to the proper exercise of the intellectual faculties—as, unlike the emotions, this can have no effect on the diseased organ. The patient whose case is now being considered, was directed to be placed on the use of the hydrocyanic acid in doses of one drop, with ten drops of the tincture of digitalis, every morning—and strict attention was ordered to the diet, and general health. When old valvular disease alone exists, medicinal agents can be of little use, and reliance is to be placed solely in the recuperative powers—and on proper hygienic measures to prevent any corporeal or mental excitement.—*Medical Examiner.*

MEDICAL MATTERS IN LONDON.

By Dr. L. M. Lawson, of Lexington, Ky.

THE stethoscope, it is almost needless to say, is of almost universal use in London; it is the constant companion of the physician, in hospitals and in private practice. The great value of physical diagnosis is doubted by no one, though of course not relied on to the exclusion of rational symptoms. The stethoscope is commonly preferred to the ear, and the finger is employed as a pleximeter. I cannot ascertain that *cerebral* auscultation, as pointed out by Dr. Fisher, has received any particular attention here. Prolonged expiration as a sign of phthisis, so much relied on by some, is not held in high estimation by many here; and the opinion was expressed by Dr. Walshe that it is of less importance than many have supposed, and in the right lung is entirely valueless. It must be admitted, however, that there is strong testimony in favor of this sign.

In the treatment of phthisis of course there is nothing new, so far as relates to a cure. Dr. Hastings still insists that naphtha is an undoubted specific in this disease, but his opinions are universally repudiated by the profession. Dr. Walshe informed me that he had known the physical signs of tubercle disappear during the employment of cod-liver oil, but an absolute and permanent cure was not anticipated. This agent is somewhat extensively employed in phthisis here, but is used empirically, no one knowing its mode of action.

A practical point of great importance, in relation to disease of the mitral valve, seems not to be well settled among the physicians here. It

is commonly believed that a murmur heard near the apex of the heart, corresponding with the first sound, and diminishing in intensity when the stethoscope is placed over the sigmoid valves, denotes regurgitation through the mitral valve. But there are some very accurate auscultators here, among whom may be mentioned Dr. Addison and Dr. Barlow, who hold different views. According to the views adverted to, a murmur may be heard at the point indicated without any imperfection of the mitral valve; and it is supposed that these murmurs are especially frequent in chlorotic females. Now the important question is, how are these murmurs produced, if they exist independent of regurgitation? Some suppose that an inequality exists between the cavities of the heart, which somehow destroys the regular sequence of action and produces an abnormal sound. By others it is explained upon the supposition, that when the right side of the heart becomes distended, the organ is pressed to the left and more extensively and forcibly in contact with the thoracic parietes, and thus a roughness may be produced on the pericardium, and a sound simulating regurgitation is heard. In a large number of patients, in the wards appropriated to diseases of the heart at Guy's Hospital, I distinctly heard a loud murmur with the first sound, apparently such as indicates mitral disease, but which was referred by the attending physician to friction sound. In one case of considerable interest I examined the patient repeatedly, and found a persistent murmur at the apex of the heart, which certainly conveyed a very strong impression of mitral disease; and in the same case a very distinct sound was audible over the aortic sigmoids, leaving no doubt as to their disease. The case terminated fatally, and upon *post-mortem* inspection the aortic valves were found to admit of regurgitation, but the mitral was apparently true. The mitral valve in this case was slightly thickened, but it was declared by a very accurate pathological anatomist to be a true valve. The facts of the case, however, when carefully analyzed, did not seem to warrant the conclusion that a murmur had existed without regurgitation. In the first place, there was a little thickening of the edges of the valve, and in the next place the left ventricle was very considerably dilated. Now, it is no easy matter to determine that regurgitation, under such circumstances, had not existed, because the state of the valve during distension of the ventricle could not be very accurately appreciated, when the heart was empty; and hence it seems a fair conclusion that nothing short of inflating the heart could have determined that there was *not* regurgitation. Simple inspection of the valve is not sufficient in these cases. The conclusion, therefore, seems admissible that, although we may admit the *possibility* of murmurs being produced by displacement of the heart, it is not quite certain that even in these cases regurgitation does not take place; at all events it is premature to assume that the murmur is of friction sound, without the precaution of inflating has been observed.

The use of the microscope in the investigations of minute healthy and morbid anatomy, is being cultivated here with great zeal and energy. The great perfection of the instrument now employed, and the patient and unbiassed class of observers, entitle their labors to the highest degree

of confidence. The discoveries made by this instrument have completely revolutionized general anatomy, and have conferred the greatest benefits on pathological anatomy; still, the field for investigation is of vast extent, and is peculiarly inviting to the patient and careful observer. But as there is no department in which fallacious results are more likely to ensue, so there is none in which so much precaution should be adopted. The results of Mr. Kiernan's investigations into the structure of the liver, of Mr. Bowman's into the kidneys, and Mr. Goodsir's into the lacteals, are so many monuments to exhibit the value of the microscope when in the hands of patient and competent observers. Most of the preparations of Mr. Bowman, which are figured in the work of Todd and Bowman, I have examined, and the faithfulness of the delineations is beyond all question. In morbid anatomy, too, great benefits have been derived, and still greater may be anticipated from the use of the microscope. The instruments mostly relied on here are those manufactured by Ross, Powell & Sealand, and Smith. Ross's high powers are peculiarly valuable.

Few institutions in London will present more interest to the American physician than the London Fever Hospital; and this interest arises not only from its own intrinsic merits, but also from the valuable reports of Drs. Tweedie and Smith. The number of patients treated during last year was 792, and the number of deaths 97, or 1 in 8.6. Of these there were 77 scarlet fever, and all the remainder are called continued fever. From this statement it will be seen that intermittent and remittent fevers are almost wholly unknown in London; indeed, one of the assistant physicians of the hospital declared that he had never seen a case of either of these forms of fever.

In this Hospital, as in London generally, no distinction is made between *typhoid* and *typhus* fevers, that is, they are regarded as mere varieties of the same form of disease. It is readily admitted, however, that the symptoms, duration, and pathological changes, are dissimilar in the two forms of fever; affections of the bowels existing in one during life, and disease being found in the same part after death; but the intestinal lesion is regarded as an accidental complication, like pneumonitis or gastritis, and by no means constituting a dissimilar form of disease. Dr. Watson is of opinion that intestinal lesions are now less frequently met with than at former periods.

The treatment of fevers at the Fever Hospital, and I may say in London generally, is perhaps more remarkable for the absence of *mercury* and *bleeding*, than for any other features. It never becomes an object to produce pyralism to cure fever, except when local inflammation supervenes, and then mercurial preparations are used sparingly and cautiously. As an evidence of the infrequency of depletion, I may mention the remarkable fact, that out of the 792 cases treated during the last year, *general blood-letting was not employed in a single instance*, and local bleeding was seldom resorted to. But instead of depletion, stimulants are freely employed; during the last year 14,000 ounces of wine, and 760 ounces of brandy, besides gin and porter, were administered.

I may remark, incidentally, that Dr. Elliotson gave me an opportunity

of witnessing some of his mesmeric operations. Certain apparent effects of somnambulism were very readily induced, and phreno-magnetism, to a limited extent, was also exhibited. One patient was an epileptic girl, who was alleged to have been permanently cured by mesmerism alone; another was a case of cancer of the breast, being mesmerized with the view of an operation without pain; she was said to have improved very much under the magnetizing; the pain, swelling and attachment to adjacent parts had sensibly diminished.

Dr. Elliotson does not contend for clairvoyance as a common occurrence; indeed, he has never seen but one case to which he is disposed to give that name. Whatever opinion may be formed of Dr. Elliotson's cases, I have no hesitation in believing that he is strictly conscientious in his opinions; indeed, this can scarcely be doubted when we call to mind the sacrifices he has made on account of mesmerism. And I cannot refrain from remarking here, that it is a lamentable sight to witness the waste of great abilities, those which would place him in the highest ranks of the profession, in the investigation of a subject which will forever disappoint his expectations; for without contending for its entire fallacy, it seems to me quite evident that little good will grow out of its application to disease. If certain anomalous effects can be produced, among which sleep and rigidity of muscle may be enumerated, it is certainly not *prima facie* evidence that it is a valuable therapeutical agent, and there is yet no incontrovertible evidence practically. Dr. Forbes has just published, in the Medical Gazette, a very severe criticism on this subject, which will be read with interest.—*Western Lancet*.

LUNATIC ASYLUM IN SOUTH CAROLINA.

THIS State was among the first to make provision for the insane poor. So early as Dec. 1821, an appropriation for an asylum was made by the Legislature. In 1822, a site for the buildings was selected at Columbia, and in 1827 they were completed for the reception of patients. Thirty-four acres of land are attached to the Asylum. The institution is governed by a Board of Regents elected by the Legislature every six years. The State reserved the right to send pauper patients to the Asylum at \$100 a year, but this sum has been found, after long experience, to be insufficient, a fact deserving the attention of those who are attempting to reduce the price at other asylums below even this sum.

Dr. Daniel H. Trezevant, a gentleman of ability and experience, is the physician to the institution, and has been, we believe, since the year 1835. But he does not devote his whole time to the institution, and on this subject frankly states, "I have often felt, and still do feel, that it is not in my power (without neglecting my other business) to devote as much time to their cases as their situation requires."

He also alludes to the propriety of a change being made so as to vest the offices of physician and superintendent in one person, but the Committee of Regents do not approve of this arrangement.

We know not the whole number of patients that have been admitted into this Asylum, but Dr. Trezevant states in his last report that "Since the year 1835, the time of my appointment as physician, there have been received into the Asylum 233 patients; and of this number 120 have been discharged cured; 14 have been removed by their friends; and 68 have died." Present number of patients, 72.

In relation to insane colored persons, the Report states, "Your Committee have to deplore that no provision is made for the insane blacks among us; that the arrangements of the building and the means of the Board will not allow it. How far this is compatible with the principles of our enlightened philanthropy, they will not decide. According to the census in 1840, there were at that time 137 insane blacks in South Carolina. From reasons, to which it is not necessary here to allude, the white and colored subjects cannot be associated, and any provision for the latter class will necessarily involve the erection of another building."

Dr. Trezevant alluded in his Report to a subject we do not recollect having seen treated of by others, viz., the propriety of compelling the insane to labor. His views are as follows:

"The great object, in the cure of insanity, is to arrest the attention, and fix the mind upon some subject unconnected with the insane idea; and while doing this, the general health should be strictly watched. When the different viscera resume their healthy functions, the brain will, in most cases, return to its normal state. But how is the attention to be fixed, and the mind employed? By pleasing conversation, exercise, and steady and sustained employment. It is now the custom, in the northern institutions, to keep the patients employed at some trade, or on the farms, and by giving them full exercise, and something to occupy the mind, they are compelled to think, and their feelings and their thoughts are diverted from the sources of misery and distraction which had shattered their intellectual powers. But what course is to be adopted with those who will neither work nor engage in amusements?

"The question is, not whether their labor is to be made profitable to the institution, but whether it is to be of advantage to them; whether the employment of the physical man will benefit the intellectual; and that being the case, I have no hesitation in saying that they should be forced. Who can object to coercion for their own benefit? Is it more than the discipline used for the sick, and the exertions children are compelled to make for their advantage? Who denies the propriety of compelling a child to learn? of requiring him to pass hours at a dull task, so long as it exercises his mind and adds to his information? Why do we make him move about, but to give vigor to his bodily frame, tension to his nervous system, and healthy action to his lungs, and by their influence on the blood, to develop, to their fullest extent, his cerebral organs? Does any parent hesitate to make a child memorize his lessons, or exercise his limbs when disposed to be indolent? And why should there be an objection to the same course with a man—one whom accident has deprived of his judgment, and who stands before us in the relation of a child? Why should we not compel him to use bodily exertion, and

by so doing force his faculties into action, whether he will or not? And why should we not adopt means that will arouse a new train of ideas (even though it may be through the influence of anger), and banish the insane illusion? This can be effected with advantage to both mental and bodily health; and should we be deterred from doing it from any feeling of false delicacy or sickly sentiment? Or ought any means to be considered improper that would effect so desirable a change? Many of our patients could not be induced to work, and heretofore they have been permitted to lounge about until imbecility crept over them, and finally crushed the little intellect they had. Which is preferable, to compel them to work, or see them gradually sink into a state of helpless, hopeless imbecility?

"I should say that any means, capable of arresting this termination, and saving one being from such a state of brutish stolidity, should not only be adopted, but considered as a blessing conferred on the afflicted. Can means be devised to compel them to exertion, without using harsh or violent coercion? I think there can. We have differed in our opinions heretofore on the subject; but I still believe that it might and ought to be attempted. We need not to be tied down to one kind, but various modes of a similar character might be tried, that would compel them to action, and by action rouse the capillary circulation, bring the skin into a healthy state, and free the internal organs from the load which oppressed them into inaction. Who has not felt the languor and oppression and morbid irritability that assails them from a continued state of inactivity, and how rapidly it has been dispelled by exercise in the open air? With what a glow and general exhilaration he returns, after his whole system has felt its invigorating influence? I have brought this subject again before you, and urge most strenuously that you will see to the furnishing of proper recreation to the patients, and supply them with proper work; and that you will not permit your feelings to get the better of your judgment, and prevent the establishment of such means as will furnish involuntary and compulsive labor to those who would otherwise be idle, and that it be continued until the beneficial effects render it no longer necessary."

We regret that Dr. T. has not particularized some of the means to which he would resort "to compel patients to labor without using harsh or violent coercion." We cannot think of any that would not be improper. We should so consider diminishing their usual supply of food, secluding or deceiving them, &c., though these means might not be deemed harsh or violent.

In concluding his excellent report, Dr. Trezevant thus alludes to a subject that causes much difficulty in most lunatic asylums:—"Much dissatisfaction exists in the community at any refusal to permit them to visit their friends, while under medical treatment. I have tried the experiment, and have so uniformly found it injurious, that while there is a chance of their restoration, I never allow access. It often irritates, seldom soothes, but mostly leads their thoughts to home, where the source of the trouble is usually centred, and makes, of quiet, well-disposed and

orderly patients, restless, unhappy and violent maniacs. Another objection to their receiving the visits of their friends, is the incorrect opinion they sometimes go away with as to the treatment of the patients. Few reflect on the great change the moral feelings and perceptions undergo in the insane. Knowing that their friends were persons of undoubted veracity before their indisposition, they imagine they must remain so still; not reflecting that the patient, though telling what he believes to be the truth, is suffering under delusion of perceptions, and though reasoning correctly, yet he either hears, or sees, or smells wrong, and hence tells a tale not entitled to belief. This occurs in every asylum. It often makes the friends unhappy; they promise to have the evil redressed, the patient expects a change, becomes restless under the supposed grievance. But the change never comes, for it can only be effected by his becoming better, and then he neither feels the presence, nor is even aware of the former existence of his complaint. I have often had complaints made to me of the savage conduct of a keeper on one day, and perhaps have the highest encomium passed upon him at my next visit. In both cases the patient spoke what he believed to be the truth; the difference was in his feelings at the moment. I allude to this at the present time, because I have had much trouble both with patients and friends, and some, from being refused, have gone away in anger, and threatened to remove their wards from the institution. A physician is frequently placed in a very unpleasant situation. He knows that at every hazard the welfare of his patient is to be first considered, and his feelings are often severely tried by the importunity of friends."—*Amer. Journal of Insanity*.

ANEMIA.

[Communicated for the Boston Medical and Surgical Journal.]

THIS disease is intimately connected with retention or suppression of the menstrual discharge. In a great proportion of cases the defective menstruation precedes, instead of following, the development of the anemia. It usually occurs at the age of puberty, and is rarely seen in females more advanced in life, except as a consequence of great loss of blood; and is unknown amongst men, except when arising from the cause just named, from wasting disease or starvation. Patients generally who are afflicted with anemia, complain of much suffering when pressure is made along the sides of the vertebral column, which exhibits that morbid condition denominated *spinal irritation*.

The medicinal treatment of anemia is very simple, and very certain in its results, but the disease is liable to relapse. In many cases the circumstances producing it, whether they consist in the constitution of the patient or in the mode of living, cannot be removed. The general experience of physicians has established the superiority of steel over every other remedy. It may be given in different forms. Dr. Taylor, physician to the Hospital in London University College, places the greatest confidence in the use of the sesquioxide of iron in doses of two

drachms three times a-day, in twice its weight of treacle, which in general prevents the steel from constipating the bowels. He states, in a clinical lecture published in the *Lancet*, that he has seen a vast number of cases treated in this way, and with uniform success. Patients are to be allowed a full and generous diet at the same time. Another preparation of iron, of great efficacy, is the muriated tincture, although it cannot be relied on with so much confidence as the sesquioxide. The iodide of iron has also been resorted to in the above disease with favorable results, although its claims to the confidence of the practitioner are not yet fully established. It has been administered in three grain doses three times a-day, and increased to four or five grains. This quantity, however, is large, and should not, we think, be given except in some extraordinary cases.

S. D.

HARE-LIP IN THE NEGRO.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In reply to the inquiry concerning hare-lip in the Negro, I can say that I have practised extensively among the black population in this county, and have seldom seen in them congenital deformities of any kind, not so often by far as among the whites, which I attribute to the better general health of the black mother, the result of plain, substantial diet and regular exercise. There is one case of hare-lip in a negro boy now living within two miles of my residence; and I lately saw, at a camp meeting, a mother of mixed blood, with several children, three or four in number, I think, each, including the mother, having very bad hare-lip. I do not recollect that I have ever seen any other cases among the colored population.

W. A. GILLESPIE.

Louisa Co., Va., Oct. 1st, 1845.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, OCTOBER 15, 1845.

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*Management in Sick Rooms.*—There is need for some plain instructions in the every-day business of managing a sick room. A nurse, a bed, and crockery enough to half fill a Staffordshire packing crate, are not all that is required. It is quite curious to observe the modes of making the sick comfortable, in different families. In one point they generally all agree, viz., in endeavoring to make the patient, at the onset of disease, so very comfortable, that he is perfectly uncomfortable. Closing the doors and windows, excluding both air and light, are but the commencement of a series of operations which all more or less practise in the beginning of any undefined indisposition, which is generally charged to a bad cold. Next, there follows a heterogeneous series of herb teas, all of which are

sovereign remedies, without any reference to the pathological condition of the patient. In some circles it is not uncommon to have ailing members thoroughly drenched with glauber salts, by way of prelude to a tremendous steam bath. When the entire circle of certain excellent domestic medicines have been brought to bear upon the case, but ineffectually, domestic consultation decides that a physician must be called.

Practitioners have a vast many difficulties to contend against, in prescribing, under such a combination of circumstances as are here delineated. Had they been permitted to indicate the treatment at first, long suffering, in a multitude of instances, might have been prevented; the cause of the disturbance removed, and a protracted illness, perhaps, wholly obviated. Besides, it is not improbable that the time spent in fussing over the sick in the commencement of inflammatory diseases of the vital organs, for example, with hot slops, brick sweats, and vinegar bathings of the temples, &c., by those who are ignorant of the first principles of medication, has resulted in the loss of life in innumerable cases.

Considerations like these, have induced us to call the attention of our readers to the intrinsic value of a publication, but imperfectly noticed in the last week's Journal—called "*The Domestic Management of the Sick Room.*" Were it extensively circulated, the good that it would effect in society would be great. One important lesson would be taught by it, viz., that those who are ignorant of the anatomical structure of the body, the functions of concealed organs and the physiological laws by which they are governed, should never tamper with the sick. If physicians proceed with extreme caution in the administration of medicines, even with simples, and the homœopathists, still more in fear of injuring the delicate machinery of organic life, hardly give doses that are appreciable to the senses, how much more carefully should those proceed in the sick room, who make no pretensions to a knowledge of diseases. With these views, it is not strange that we are solicitous for a free distribution of Dr. Todd's admirable work. When the profession give the weight of their influence towards an effort to enlighten the people in this particular department of domestic economy, their own path will be travelled with greater ease and more satisfaction to themselves.

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*Vacant Medical Professorship.*—In the last No. of the Journal there is a proposition addressed to the whole profession, which offers a prize worth seeking. A vacancy exists in the medical department of the Transylvania University, caused by the lamented death of one of the faculty. In order to fill it, the Trustees invite medical gentlemen who are ambitious in that way, and who of course possess the proper requisites, to offer themselves as candidates. A few years since, a void was made in the same College, which was filled, very much to the satisfaction of the community, by the election of Dr. Bartlett, who is now in Europe. The Trustees said, in effect, to the profession of the United States—We are in want of an able teacher, but being strangers to you, we invite those who would like the situation, to send on their names, accompanied by proper evidences of their ability to conduct the department with honor to themselves and the advancing reputation of the University. Out of the number, they selected Dr. Bartlett. Under precisely similar circumstances, they again announce their wants, and solicit immediate attention to the call.

We have been in Lexington, Ky., the location of the school—and can assure those who have any desire to offer themselves, that the one who receives the appointment will find himself established in a charming agricultural region of country, where the climate, the society, and the field for enterprise, are of an inviting character. Those who are unsuccessful have nothing to apprehend by way of chagrin, as their names will never be divulged.

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*Boston Lunatic Asylum.*—Dr. Stedman's report to the City Council shows that the institution under his care is in good condition, accomplishing as much as the warmest friends of humanity could expect. His patients, unfortunately for him, are such as nobody in private practice desires. With such subjects, Dr. Stedman pursues that excellent course which has raised his own reputation, while it has gained for the hospital a good name. All the success which characterized former years, has marked the past one—and the prospects for the future are altogether flattering. Since the hospital was first opened, 320 patients have been admitted; 200 discharged; 32 admitted the present year; residents the past year, 140—of whom 82 were males and 58 females. It is our intention to refer to this document again.

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*Fluid Extract of Valerian.*—Messrs. Smith & Perry, druggists of reputation, at 325 Washington street, have prepared an elegant and convenient article, under the name of fluid extract of valerian, which should at once engage the attention of practitioners. Mr. Hayes, the chemist, whose opinion always has weight in this community, says—"I regard the mode of preparation as one of great importance, practically in accordance with the present state of practical pharmacy, and admirably fitted not only to obtain the virtues of the plant, but to preserve from ulterior decomposition the principles on which the medicinal effect of the plant depends."

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*Insanity in Georgia.*—The editor of the Journal of Insanity has received a printed report from Dr. Cooper, Physician of the only Asylum for the Insane in the State of Georgia, located in Milledgeville. It is represented as a singular document, and from the extracts given in the Journal above named, it might well be doubted whether the resident physician or one of his patients was its author. This is to be regretted, as the lunatic asylums of the United States have enjoyed the reputation of being under the superintendence of men of good general acquirements as well as possessing the peculiar qualifications necessary for their office, and it is presumed there is no lack of such men in the State of Georgia. One short extract from the report will be given, intended, probably, to show the pecuniary benefit to the State which would flow from a proper provision for the insane poor.

"In a pecuniary and politico economical point of view, it will be to our financial interests, the Archemedian lever to oscillate the incubus beam of deranged, and depressed fiscal oppression which has shed its blighting effects upon the monetary affairs, and financial operations of the State Treasury for so many years, by lightening, the onerous

burthens of Taxation from the shoulders of the poor and destitute, and afford bread to those who are ready to perish; these are not anagogical suppositions and without veritous foundation, or demonstrable illustration, but susceptible of proof by the introduction of a few prolegominous deductions, and the aid of a few arithmetical prolepses."

We see it stated in the *Western Lancet* that a monthly periodical, to be called the "*Georgia Journal of Insanity, Idiocy and Epilepsy*," is to be commenced in November, by Dr. Cooper, of the Georgia Lunatic Asylum, whom we presume to be the author of the above-named report. If published, it is to be hoped the editor will at least amend his style of writing, as a constant repetition of sentences like the above would soon make the institution the laughing stock of the country.

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*Health of Geneva in Switzerland.*—Dr. F. H. Hamilton, in his interesting Notes of an European Tour published in the *Buffalo Medical Journal*, thus speaks of Geneva as a place for invalids.

"With regard to Geneva as a residence for invalids, I will make a simple statement of facts, since upon this point some difference of opinion seems to exist, and because Geneva has frequently been selected as the most suitable place on the Continent for the education of American Protestant youth. At Geneva tables of death have been regularly kept since 1660! and M. le docteur d'Espine in his report for the year 1842 declares the mortality for that year in the Canton, including a population of 60,000, of whom about one half belong to the city, to be 1 in 47½, which is precisely the mortality of your own city [Rochester, N. Y.] during the same year, and nearly the same with Boston. The average of deaths from pulmonary affections (upon which point the dispute has chiefly arisen) during the year 1842, was 25.8 per cent., while the average in your city in the same year was 30.85 per cent., and in Boston nearly 33 per cent. I have chosen the year 1842 simply because I possessed the means of instituting a comparison between these three towns on this year. The reports for five years in the Canton show about the same average. The rate of life here presented, I should also add is nearly double that of Amsterdam in Holland (1 in 24), and of Rome in Italy (1 in 25), while at Brussels it is 1 in 26, at Naples 1 in 28, Paris and Lyons 1 in 32, Leghorn 1 in 35, Palermo and Nice 1 in 37, and even at Glasgow, so much celebrated for its high range of life, 1 in 44. In short it is higher than in any European town of its size with which I am acquainted."

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*Boston Dispensary.*—By the published Abstract of the Reports of the Visiting Physicians of the Dispensary, it appears that the whole number of cases treated during the year ending October 1, was 2282—of which 1540 are reported as recovered, 71 died, 300 relieved, 166 removed, 65 not relieved, and 78 remaining. Of the whole number of patients, 100 only are classed as Bostonians, and 388 others as Americans; while 671 were Hibernico-American, and 911 Irish. Eighty-four births are reported from all the wards. The following officers were chosen on the 11th inst.

*Managers*—G. F. Thayer (Chairman), Samuel May, N. L. Frothingham, Pliny Cutler, James H. Foster, U. Crocker, Ebenezer Chadwick, N. H. Emmons, Samuel Bradlee, J. H. Wolcott, Jonathan Chapman, and Wm.

Gray (Secretary); George T. Bigelow, Treasurer.—*Consulting Physicians*—Drs. S. D. Townsend and Jacob Bigelow.—*Visiting Physicians*—Dr. F. E. Oliver, Wards 1 and 3; Dr. Alfred A. Lane, Ward 2; Dr. George Hayward, Jr., Wards 4, 5, 6; Dr. S. Cabot, Jr., Ward 7; Dr. John S. Carter, Ward 8; Dr. LeBaron Russell, Ward 9; Dr. Samuel Kneeland, Jr., Ward 10; Dr. J. M. Phipps, Ward 11; Dr. P. M. Crane, East Boston.

*Heberden's Commentaries.*—The October No. of Dr. Bell's Select Medical Library comprises the celebrated work of Dr. Heberden, entitled "Commentaries on the History and Cure of Diseases." It makes a volume of more than two hundred octavo pages. Jordan & Wiley are the agents in Boston.

*Works of Hippocrates and Galen.*—We are gratified to find, that the learned and venerable Dr. J. R. Coxe, of Philadelphia, has prepared an epitome of the works of Hippocrates and Galen, which he proposes "to put to press if 500 subscribers of the thousands of medical men of the Union can be obtained. It is almost impossible to state precisely the extent of the work, derived as it is from seven or eight folios; but it is believed that it can be so condensed as to be embraced in *three*, perhaps in *two*, octavo volumes, according to the type, of from 500 to 600 pages each, at a price not exceeding \$3 a volume."

"I need not say," Dr. Coxe continues in his circular, "that it has been a work of considerable labor, yet assuredly one of infinite interest and gratification to myself; and it is chiefly from such considerations that I am induced to hope, that if printed, it will afford an equal gratification to my medical contemporaries, and present to them, although epitomized, an adequate idea of those venerable writings, which have reached us after a lapse of more than two thousand years."

Every medical man, we presume, would desire to possess, in his library, the works of those venerable and venerated fathers of our art.—*Med. Exam.*

*Vermont Asylum for the Insane at Brattleboro'.*—By the Ninth Annual Report, which is just published, the institution appears to be in a prosperous condition. The buildings have been enlarged this season by the increase of about 80 additional rooms, affording greater accommodations and improving the means of classification. Three hundred and sixty-two patients have enjoyed its advantages the past year, 99 have been discharged, and 263 now remain. Of those discharged, 59 have recovered. The terms are fixed at two dollars per week for the first six months, and one dollar and fifty cents per week afterwards. Patients from the other States are received on the same terms as those from Vermont.—*Asylum Journal.*

*Sleeplessness during Fever.*—The most important medicinal property of tobacco is the application of the moistened leaves to the bare scalp in severe cases of fever attended by pervigilium and delirium. If it succeed in inducing sleep under these circumstances, it will be an invaluable remedy, for we know of no more deplorable condition, or one more fraught with danger, being the forerunner of collapse and death. We have been told of a curious and efficacious use of tobacco in America; the



fact was not stated by a professional person, though by one of undoubted veracity. A leaf of tobacco is often applied over the radial artery, or the pulse at the wrist. It seldom fails to produce free vomiting. Its powerful effects when applied to the whole surface of the scalp may be easily conceived.—*Quarterly Medical Journal, Delhi, India.*

*Medical Miscellany.*—Bilious fever and ague are carrying off many people in the lowlands of Tennessee.—Ergot is represented to be greatly on the increase in England—having extended to 18 different kinds of grass, in some places, says Dr. Latham.—A Dr. Temple shot a young man recently, at Delta, Miss., who had ill-treated his daughter.—The Shelbyville, Ky., paper states there is more sickness in Bedford Co. than when the cholera prevailed. The prevalent malady is bilious congestive fever.—In Indiana, the fever and ague is uncommonly and in fact alarmingly prevalent.—There was a class of 87 students in the medical school of Dartmouth College—out of which number, rising of 20 will be admitted to the degree of M.D.—Dr. Dixon's treatise on Diseases of the Sexual Organs is selling with unprecedented rapidity, we understand. The author will soon have another work in press, of an interesting character.—A copy of Elements of Materia Medica and Therapeutics, in two volumes, by John P. Harrison, M.D., of Cincinnati, was received too late for an extended notice the present week.—At the Lunatic Asylum, Blackwell's Island, New York, there are 386 patients, 247 of whom are foreigners. The accommodations are represented to be deficient.—A coroner's inquest was held in New York, on the body of a Miss Decker, who died in consequence of taking oil of tansey, given to produce abortion.—The widow Mercea Cardenas recently died at Havana, at the age of 100 years.—Mobile enjoys excellent health at this time, but people who have business there are advised not to visit the city till the frost sets in.—A young woman, by the name of Ashley, was killed recently in Alabama, by taking morphine, which was mistaken for quinine.—The 13th session of the Scientific Congress of France, held at Rheims, was attended by more than 600 savans of different nations.—Dr. J. M. Brewster, of Pittsfield, Mass., is the Liberty candidate for Lieutenant Governor of the State.—Another Thomsonian periodical, to take the place of a defunct journal, has made its appearance in Boston.—Dr. Bowditch has resigned the office of Assistant Physician to the Massachusetts General Hospital, and Dr. Samuel Parkman appointed to the place.—Dr. Parkman, we understand, has resigned his professorship in the Castleton, Vt., Medical College.

TO CORRESPONDENTS.—The first of a series of reports of fractures treated at the Massachusetts General Hospital, will appear next week.

MARRIED.—Myron Wallace, M.D., of Schenectady, N. Y., to Miss E. P. Sumner, of Hartford, Conn.—At Pensacola, Dr. A. Poitevin, late of France, to Miss M. Palmer.

Number of deaths in Boston, for the week ending Oct. 11, 36.—Males, 19; Females, 17. Stillborn, 3. Of consumption, 4—marasmus, 2—smallpox, 1—accidental, 1—dropsy on the brain, 3—typhus fever, 3—cholera infantum, 2—bilious fever, 1—croup, 3—sudden, 2—hooping cough, 3—lung fever, 1—asthma, 1—disease of the bowels, 2—scarlet fever, 3—diabetes, 1—inflammation of the bowels, 1—jaundice, 1—erysipelas, 1—fits, 1.  
Under 5 years, 20—between 5 and 20 years, 3—between 20 and 60 years, 11—over 60 years, 2.

*Hospitals and Asylums in Paris.*—The city of Paris has now 14 hospitals and 11 asylums. The hospitals may be divided either into those which are for general diseases, acute or chronic, or into those which are for special diseases. The first are seven in number, and contain 3047 beds: the Hotel Dieu, 900 beds; the Pitié, 600; the Charité, 426; St. Antoine, 278; Necker, 329; Cochin, 114; Beaujon, 400. Six hospitals are for special diseases, and they contain 2458 beds: St. Louis (for diseases of the skin), 800 beds; Hôpital du Midi (for syphilitic diseases in men), 300; Lourcin (for syphilitic diseases in women), 300; Enfants Malades, 500; Accouchements, 420; Clinique, 138. To these must be added the Maison Royale de Santé, for sick persons who pay, with 175 beds. The number of the beds in those fourteen hospitals amounts thus to 5680. The eleven asylums (hospices) are divided either into hospices, strictly speaking, or into retraites (retiring places for old persons), or finally into foundations. The first are Bicêtre (for old men), with 3000 beds; Salpêtrière (for old women), 5000; Incurables Hommes (for men incurably diseased), 500; Incurables Femmes (for women incurably diseased), 560; Enfants Trouvés-et Orphelins (Foundling and Orphan Hospital), 502. The retiring places are—Les Manges, with 702 beds; la Rochefoucauld, 213; and St. Pérene, 182. The foundations are:—Hospices Boucard, with 12 beds; Brezin, 300; Villars, 30. The beds of these hospices amount thus to 11,001; the city of Paris provides, therefore, for the relief of its sick and old pauper population, 16,681 beds. Not less than 100,000 patients and poor inhabitants of Paris enter every year these establishments, and amongst them 8000 or 9000 die there annually. The Hotel Dieu receives annually about 16,000 patients; the Pitié, 12,000; the Charité, 7000; St. Louis, 9000, &c. The Foundling Hospital receives annually 6000 or 7000 children. The medical department consists of 88 physicians, 38 surgeons, and not less 2700 nurses.—*London Lancet.*

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*Antidote to the Poisin of Prussic Acid.*—The following, from an English paper, though not coming with the weight of authority which would give confidence to the statements, may offer suggestions which will lead to beneficial results.

A surgeon who was tormented by a strange dog prowling about his surgery, ordered a boy to give it a dose of prussic acid, and throw it into the river. A dose sufficient to send to sleep all the dogs in the township was accordingly administered, and produced, as was believed, instant death. The dead dog was flung into the river, never more to be heard of, as was believed. Next morning, however, to the consternation of young *Æsculapius*, it came toddling into the surgery with the greatest *sang froid*. Further experiments accounted for its re-appearance; it was found that immersion in water proved an antidote to the poison. A much more deeply interesting illustration of this fact occurred on Monday morning last. Dr. Grimes, of Blackburn, was performing an operation with prussic acid on a boy's eye, in his surgery. Accidentally a portion entered the boy's mouth, and in an instant he fell insensate, apparently lifeless. His poor mother was in consternation. The doctor carried him immediately to the pump, and discharged a copious flow of water on his person, and, after about four hours unremitting exertion, the boy revived, and is now doing well.